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ABSTRACT

This booklet describes two prevention programs, Peer Power, a program for girls, and Awareness and Development for Adolescent Males (ADAM), a program for boys. It is noted that these programs, designed to reach students before high school age, help young adolescents stay in school, delay sexual activity and pregnancy, and develop realistic career goals. The components of the programs include meetings with time for homework and tutoring; a session for providing information on a range of subjects; and a recreational period. Incentives are used to attract young teenagers and set them on a course that will lead them to success in high school. Program evaluation data in the areas of academic achievement, sexual behavior and attitudes, and birth control use is presented. Underlying causes of teenage pregnancy and how to assess the problem are discussed. These program components of ideal programs are discussed: (1) one-on-one relationship with a caring adult; (2) peer interaction; (3) recreation; (4) discussion groups; (5) community service opportunities; (6) academic support; (7) exposure to the world of work; (8) family life education; (9) parental involvement; and (10) linkage with schools and community resources. (ABL)

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An Ounce of Prevention Fund Paper

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Learning to Think About the Future

It's 2:30 in the afternoon at Grant Elementary School and 40 sixth, seventh, and eighth graders watch Chicago Police officers carry a white satin casket into Room 102. The officers place the coffin in the front of the room, open the cover, and reveal a mound of street drugs, each marked with an identifying label.

To have even a chance for success, teen pregnancy prevention programs must provide resources that will allow adolescents to develop to their fullest capacities.

As the officers pass the packages around the room, they discuss the dangers of drugs. Students begin to share personal stories about how some of their friends and siblings have dropped out of school because of drug involvement. The conversation eventually moves to other peer experiences with gangs and teen parenthood.

Watching the police carry a casket into a classroom is not a typical school-day event, but Peer Power for girls and ADAM (Awareness and Development for Adolescent Males) are not typical school programs.

Started by the Ounce of Prevention Fund in 1984, Peer Power and ADAM are prevention programs under Illinois' Parents Too Soon Initiative. Designed to reach students before high school age, the programs help young adolescents stay in school, delay sexual activity and pregnancy, and develop realistic career goals.

Peer Power and ADAM recognize that teen pregnancy can be both a cause and effect of myriad problems and behaviors that hinder the healthy development of children and youth.

Underlying Causes of Teen Pregnancy

Ounce teen pregnancy prevention programs are guided by the knowledge that teens are having children not just because they lack information about reproduction and family planning. Nor are teens having children just because they lack access to reproductive health services or the will to avoid sexual activity. Programs that provide information alone or that only suggest values have limited influence on teen behavior because the programs do not address the root causes of adolescent pregnancy.

Teens are bearing children because they have little hope for a better life and few plans that a baby would disrupt. To have even a chance for success, teen pregnancy prevention programs must provide resources that will allow adolescents to develop to their fullest capacities. Teens must have opportunities to develop their abilities with the support of their families, their schools, and their communities. This allows them to envision positive life choices and make those choices realities.

This perspective must guide all prevention initiatives for teens, whether the efforts address substance abuse, crime and delinquency, school failure, poor physical and mental health, or premature childbearing. In impoverished neighborhoods, where many of the problems converge, efforts need to be especially intense and sensitive to community needs.

Assessing the Problem

To develop effective pregnancy prevention programs for teens, we must determine the barriers to healthy development, the conditions that enhance healthy development, and the factors that ensure young people exposure to a range of options in life and the capacity to realize these options.

Teens who are raised in communities in which successive generations of families have lacked the economic stability and the opportunities to pursue a variety of life options are more likely to follow in their families' footsteps of early childbearing. These are historical barriers.

Another group of barriers are environmental. Teens are vulnerable when they come from troubled families and live in communities plagued by violence, drugs, poor schools, and lack of essential health and recreational resources.

As a result of historical and environmental factors, many children enter their teens with poor academic skills and low self-esteem. These barriers make individual teens susceptible to peer pressure and put them at risk of adopting destructive behavior.

Ideal Programs

To help young people overcome these barriers, primary prevention programs must consider the conditions that enhance healthy development. Young adolescents experience rapid changes in every aspect of their lives—physical, social, emotional, and intellectual. Effective programs that are responsive to the young teens' developmental changes as well as the social and cultural environments in which they live include these components:

- **One-on-One Relationship with a Caring Adult** Central to any pregnancy prevention initiative must be opportunities for adolescents to develop close, positive relationships with one or more caring adults through mentoring and other programs that emphasize one-on-one interactions. Adults who work with teens must have confidence in their own abilities, understand the varied needs of young people, and enjoy being with them. A trusted adult can be a powerful influence on choices teens make every day, influencing decisions to attend school regularly, to work harder at school, or to think about the future.
- **Peer Interaction** Prevention programs must provide opportunities for teens to interact with their peers in positive ways. Being part of a group is increasingly important to adolescents. Friends become a different kind of "family" teens need for support and status, to test their values, and just to have fun. Without alternatives, adolescents may turn to street corners and gangs.
- **Recreation** Teens need safe outlets for recreation-places where they feel safe to try out new skills and interests, to build friendships, and to find their accepted places in the group. Programs should offer a range of activities from art projects to active sports.
- **Discussion Groups** Young adolescents also need opportunities to test their growing capacities to think and reason. Open discussions guided by skilled leaders can develop teens' problem-solving and decision-making skills and provide a forum for exploring important beliefs and attitudes.
- **Community Service Opportunities** Participation in community service projects that are needed and valued helps teens develop leadership skills and a sense of self-worth as they realize they can make a difference in the world in which they live.
- **Academic Support** Prevention programs must provide academic help when it is needed. This could include time to do homework, tutoring in basic reading and math skills, and enrichment programs that encourage creativity.
- **Exposure to the World of Work** Visits to businesses, volunteer and internship programs in work settings, and a chance to discuss these experiences expose teenagers to the variety and the realities of the work world. If teens are to make career choices that are realistic and suited to their special needs and abilities, they must be aware of job possibilities and supported in taking the steps to obtain work.
- **Family Life Education** Prevention programs must provide access to family life education and health services. To make good decisions about health and sexuality, teens need information presented in a setting that stimulates discussions on values, behaviors, and choices. Prevention programs should also bring the full range of health and mental health services to teens.
- **Parental Involvement** While helping teens expand the horizons of their thinking, programs must reach parents, too. The family's values and the support they provide are important to young teens who are searching for their own identities.
- **Linkage with Schools and Community Resources** Prevention programs must encourage schools to strengthen prevention efforts by involving parents, promoting student leadership, and helping students learn to solve problems and make decisions. Community institutions—religious organizations, businesses, and individuals—must be additional partners in a comprehensive prevention effort, offering important resources and services to teens, families and schools.

No teen can learn or explore and make friends or decisions if their basic needs for food, shelter, and health are not being met. Prevention programs must be part of coordinated community services that meet basic needs.

Peer Power and ADAM:

Reaching Young Teens in Chicago Public Schools

Initial Ounce of Prevention Fund programs were designed to improve the health of pregnant teens, help them become nurturing parents, and reduce the incidence of subsequent pregnancies. Peer Power was the Ounce's first program aimed at reaching young girls before they faced pregnancy and other problems that could interfere with success in their lives.

In the 1984-85 school year, the Ounce offered its new prevention program to groups of 20 sixth, seventh, and eighth grade girls attending four schools in Chicago neighborhoods with high rates of teen pregnancy and school drop-out. Later, the program size grew to 18 schools.

PHOTO/KATHY RICHLAND

Expanded Focus

Although the program began with groups for girls only, it was expanded to include separate groups for boys called ADAM (Awareness and Development for Adolescent Males). As we discovered how one problem—such as drug abuse—could bring about other problems—such as pregnancy or school drop-out—we broadened our scope to address more issues.

Because the groups are small and meet once a week for two or three hours over two school years, Peer Power and ADAM participants develop a close relationship with the adult leaders—a school teacher or counselor and a teacher's aide, usually a parent.

Meetings include time for homework and tutoring; a session for providing information on a range of subjects including decision-making, self-esteem, human development and reproduction, substance abuse, peer pressure, intimacy and relationships, communicating with parents, career awareness, and community resources; and a recreational period. On field trips to museums, hospitals, and businesses in downtown Chicago, students become aware of the world beyond their immediate neighborhoods.

Incentives

The programs use a number of strategies to attract young teens and set them on a course that will lead them to success in high school. Popular Peer Power and ADAM features include the red T-shirts members wear with pride to weekly meetings, parties students plan for their parents, and incentives for doing well in school. At the end of each marking period, participants are rewarded for good attendance, behavior, and class preparation. Tape players, basketballs, cameras, and watches are typical incentive gifts; boys and girls in one program decided to use incentive money to help fund an out-of-town trip.

Parents, who must give permission for their children to join Peer Power and ADAM, are encouraged to participate. Parents serve as assistant group leaders, organize special activities, take part in parent-child communications sessions, and meet with other parents to discuss common concerns.

From Sixth Grade through High School

In the 1991-92 program year, we are consolidating Peer Power and ADAM to seven elementary schools that feed into each of the three high schools operating Ounce sponsored health centers. This consolidation will allow students to receive a range of prevention services from sixth grade through high school. New program services will include expanded group session time, allowing longer and more frequent meetings; required community service projects for each Peer Power and ADAM group; referrals for counseling and health services; and a mentoring program to provide additional opportunities for relationships with concerned adults.

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Peer Power and ADAM:

Measuring the Impact

Although it takes years to measure the long-term impact of prevention programs on the incidence of teen pregnancy or school failure, it is possible to assess some short-term results by looking at conditions and factors known as "critical predictors."

For example, we know that students who have been absent frequently or have fallen behind a grade or more in math or reading are more likely to drop out of school than students with consistent attendance and good basic skills. Also, previous research with Peer Power and ADAM participants demonstrated that students' self-reports of sexual activity in grade school are reliable predictors of their pregnancy status within the next four years.

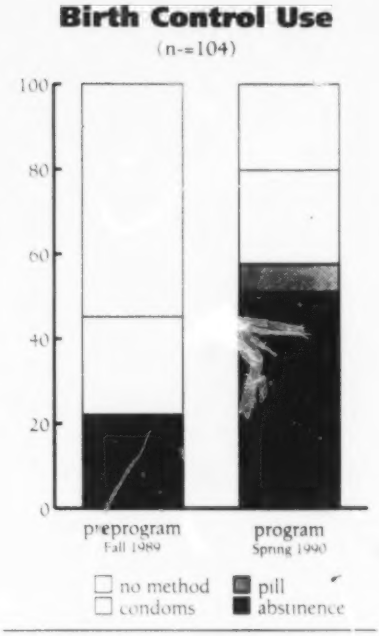
Academic Achievement

During the 1989-90 school year, the Ounce of Prevention Fund collected school record data on students' level of academic achievement in math and reading and the number of school days the student was absent. Although fewer students overall remained at or above grade level by the end of the year (a trend common in poor, inner-city schools), relative to comparison students, Peer Power and ADAM students were much more likely to remain at or above grade level for math and reading. That is, program participants were more likely than comparisons to maintain the pace of learning set by their peers nationwide (see tables below). School attendance of Peer Power and ADAM participants also improved. During the program year, the average number of days missed was reduced by about four days for students in the program.

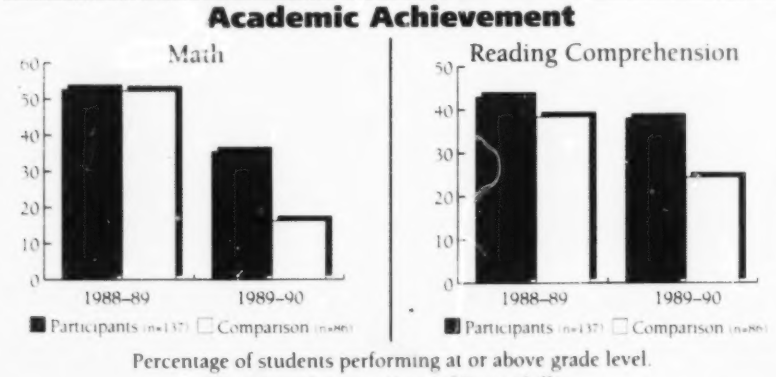
Sexual Behavior and Attitudes

According to self reports by participants, rates of abstinence nearly doubled since the beginning of the program for those students who were sexually experienced. Nearly all of the students abstaining at the beginning of the program were abstinent at the end of the program. In addition, about half of the students who had either used condoms or were not using birth control at the beginning of the program reported being abstinent by the end of the program.

In another dramatic change, participants said that they thought the best age to have a first child was 22 compared to their report at the beginning of the program that the preferred age was 16. Although changes in attitudes alone do not constitute a rigorous test of program impact, they help us understand why we saw changes in behavior.



Peer Power/ADAM is a small but effective part of the Ounce of Prevention Fund's comprehensive approach. As we strengthen this one approach, we will continue to coordinate our efforts to enhance all aspects of teens' lives and improve the environments in which teens and their families live. This larger strategy includes designing, monitoring, and evaluating services and advocating for public policies that give families a chance to obtain decent housing, health care, education, and employment. Without these opportunities, the future of America's children will remain in jeopardy.



Percentage of students performing at or above grade level.
Based on the Iowa Tests of Basic Skills.

Ideal Prevention Programs for Teens Must Provide:

- **One-on-one relationships with a caring adult**
- **Peer interaction**
- **Recreation**
- **Discussion groups**
- **Community service opportunities**
- **Academic support**
- **Exposure to the work world**
- **Family life educat[illegible]**
- **Parental involvement**
- **Linkage with schools and community resources**

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